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Vol. CX NOVEMBER, 1916 Number II

NASHVILLE JOURNAL
OF
MEDICINE AND SURGERY

Established 1851

CHARLES S. BRIGGS, A. M., M. D., Editor and Proprietor
W. T. BRIGGS, M. D., Associate Editor

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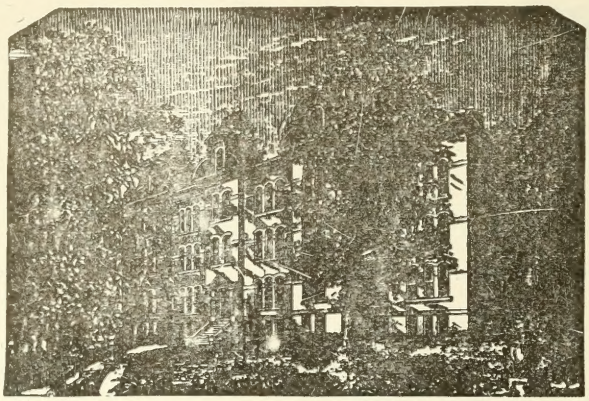

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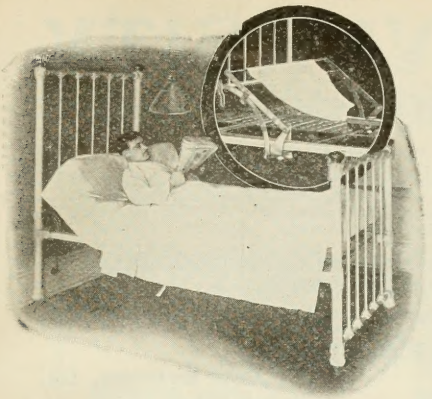

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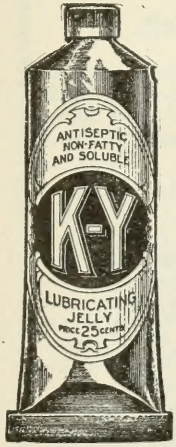

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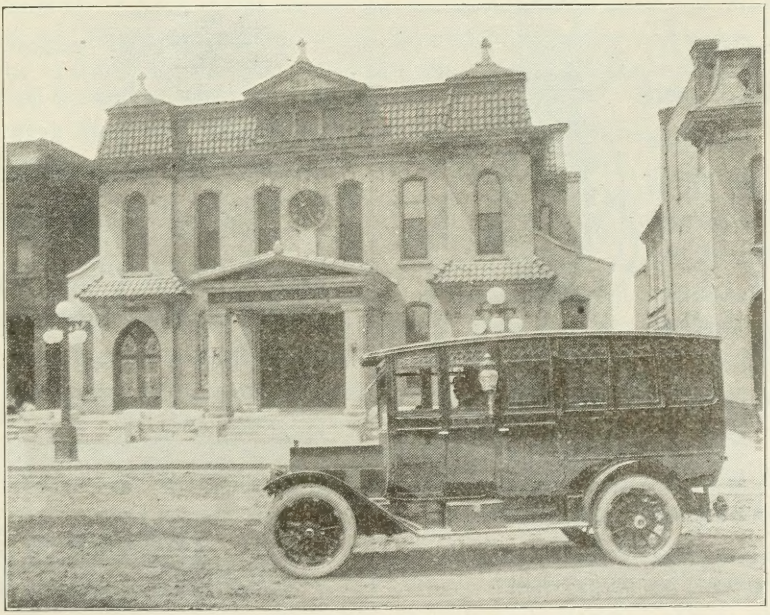

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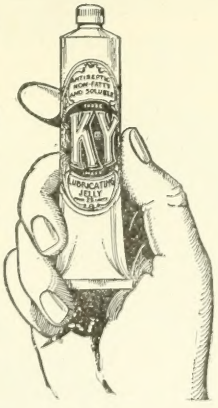

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—OF—
MEDICINE AND SURGERY

CHARLES S. BRIGGS, A.M., M.D., Editor.
W. T. BRIGGS, B.A., M.D., Associate Editor.

VOL. CX. NOVEMBER, 1916. No. 11

Original Communications

THE PSYCHOLOGY OF PRACTICAL CHARITY.

BY T. D. CROTHERS, M.D.,
Hartford, Conn.

Laymen and practical business men who have acquired large properties are confronted with the absorbing question of how to place their capital so that it will do the most possible good for the future. Most men are content to have their accumulations grow, but somehow the thought comes to them, what will become of this property when they die.

Inquiry into the histories of persons who have gathered large properties and left it entirely to their children, show that in a very large percentage of instances this money has practically wrecked their descendants. Sometimes this wreckage goes on to the second or third generation. However carefully they may entail it and limit the amounts to be spent, it always disappears after a time. It is impossible in this country to found families of wealth that will go to the future as seen in England and on the continent. All the big cities furnish numerous examples; possibly two or three per cent may retain the property in the second or third generation, and even go on longer, and yet there is a constant disintegration and breaking up and dying out of skill and ability to

care for property that has not been acquired by hard labor and good judgment. Families who come in possession of large amounts of money, no matter what their previous training has been, have little or no incentive to do more than gratify the impulses of the present and oft become reckless and have no business sense of the business and care necessary to retain the property. Hence, poverty in the second or third generation is almost sure to follow. This may be considered a rule to which there are very few exceptions, hence, the man who has spent all his energies and the best years of his life in accumulating money, makes a profound blunder in leaving it all to his family, not only wrecking them, but leaving complexities and complications upon which the legal profession thrives and becomes prosperous.

Shrewd business men realize that money given to hospitals, sanatoriums and public institutions are seldom utilized and put to the best service. Often it is expended in palatial buildings and expensive appointments, and when these are completed, there is a very small margin left to carry on the work. Thus, the real charity has been minimized and diverted from what it was intended.

A recent instance illustrates this. A man whose family had largely died of consumption left a very large sum for the treatment of indigent cases. A supposed benevolent committee expended a large sum of the money in the buildings and the land, and when it came to practical work, it was found to be unusually expensive, because of the distance from a railroad and the cost of treatment. It was literally a failure, although still in existence and struggling for other endowments to keep it agoing. The donor refused to give any more money.

Another fact is painfully evident that endowments for educational institutions, for free beds in hospitals, for old people's homes and charities of all kinds, are always subject to a very heavy percent of the original money, which is expended in care and management. The skill which accumulated the property is seldom seen in its distribution in charitable institutions of any kind.

A great millionaire in New York, in despair, left his money entirely to his wife to distribute it for charity. The poor woman

was overwhelmed with solicitors and beggars, and finally she put it in the hands of commissioners. Each settled on themselves a good salary, then started out to invest the property, so as to bring the largest returns, and confined their efforts to dispensing of the interest to the various charities that appealed to them. So far they have managed to give small sums here and there with great pretention and show of business. While the widow is relieved of the burden, the money has practically gone into the hands of a trust, who will perpetuate it as far as possible. There is no remedy for this abuse and the will of the widow will probably provide for a continuation of the plans which they have begun.

A retired clergyman in Boston, who had in various ways become the possessor of a large sum of money, founded a religious publishing house and made provision for the continuous publication and distribution of tracts and literature of the faith. His children joined in this and kept on in their usual way, and now have the satisfaction of knowing that the monument which their father built in this charity will carry the name far down to the coming centuries.

The late Doctor Pearson, of Chicago, through fortunate adventures in land, because the possessor of over ten millions of dollars. His observation taught him that no matter what he did this money would be scattered the moment he died, with little or no benefit except to the lawyers. He refused all beggars and solicitors and determined to spend this money himself before he died, buying an anuity which insured him a stated sum every year. He gave his whole time in giving away this money where it would do the most good.

In one of the noted eastern colleges for women he found a great many of the girls were obliged to suspend their educational course because of their inability to pay board and room rent. He built a large dormitory and endowed it to supply this want, the college having no expense except to keep it in repair. This charity has given the college a foremost place in the country.

On another occasion a southern college appealed for a hospital building for sick students. On examination, he decided they needed a new water supply and not a hospital, so he bought a

pond and water shed and supplied modern waterworks, piped into the college, with provision to keep it intact for the future. This was another charity that showed the physician's instinct and superior judgment and disposition of property where it would do the most good.

A certain hospital received a large sum of money for the endowment of a free bed and room. A poor man in his employ was sent to occupy this room. On recovery the managers sent a bill for expenses. The doctor withdrew his endowment and the hospital authorities contested it. The matter was carried up to the courts and the money was finally returned. He immediately supplemented his other donations with the most stringent rules of how the money was to be used, with a reserve that if not so used, it would revert to something else.

To his own family he gave certain sums of money in trust and required release papers for any obligations in the future.

Finally the doctor died and there were no legal questions or claims and no lawyers to divide any property. Thus, he left a great object lesson to business men and left charities that will bless his name and memory for all time.

Physicians, of all others, note the curious dispositions of property and the often stupidity of the donors. Often they are appealed to for advice as to what to do. Sometimes their judgment is accepted, and not unfrequently it is followed by the most satisfactory results and good to the world.

An instance in London of a man dying in St. Bartholomew's Hospital is most interesting. The attending physician to whom he appealed for advice suggested a school for homeless boys picked up on the streets, and the school to be called after the donor's name. This was executed and carried out. This school has been in existence over a century, caring for and training boys who are lost and abandoned on the streets. After fifteen years of age these boys are apprenticed out to trades and professions, and many of them have become very useful and prominent citizens. Here was a charity that has blessed the world over and over again and will go on through the years to come. The managers and directors have showed great wisdom in handling funds

and the building and its grounds are, literally, not only a monument to the donor, but to the wisdom of the physician who suggested it.

On the other hand, misplaced charities, like the following, are very common:

Endowments, amounting to many million dollars, have been given to several colleges in this country, all of which have been practically invested in buildings. This gives a certain grandeur and imposing appearance, but how far this has increased the teaching facilities is unknown. There are innumerable churches, built as memorials on the same general plan. The money is all spent in the building. How far it can make the church work stronger and better is not always apparent. Often a memorial church in a country village or a palatial school building with all external luxuries and appointments, is a sad reflection on the wisdom of the donor. Both churches and schools are confronted with poverty and struggle to keep agoing. An instance of this kind was that of Trinity Church, of New York, and some enthusiastic supporter, who built a $50,000 church building in a community that had never been able to support any sort of a church. This building is in ruins, and has, for over twenty years, been abandoned. Legislators and communities are often urged to appropriate moneys for great charitable buildings which, after a time, literally fail to do the work intended, simply because of the foolish expenditure of money for outside appointments and impressive buildings. The Carnegie Library Fund is practically one of the great business charities of the time. None of the buildings are put up for show, but with each donation there are obligations and responsibilities on the town and community for their perpetuation, which gives a personal interest in the work they are doing, and makes them of practical value to every community. Thus, in almost every direction the kindly impulses of individuals who have acquired a surplus of property, and who would like to leave it to make the world better, is very often thrown away in foolish blunders and impractical efforts. There are a few great charities with the central object of the study of diseases and the causes of the great evils of the world; these have

already made good and in a very startling manner returned to the world the richest blessings. There are few hospitals and homes that care for the sick, the worn and the aged, that are making the world brighter and better and bringing a real blessing to every donor and supporter. On the other hand, there are hospitals whose buildings and grounds have the most impressive appearance and who bear the name of some man who has made a large amount of money and by this means seek to leave a monument for himself for the future, but literally, they are gloomy, desolate homes, managed in the most abstemious way, and are so cheerless that the inmates are always anxious to get away. There are other hospitals less pretentious, in the suburbs, perhaps, of the city or town, that exist by the welcome charity of people who do not wish to be known as givers, that are doing great work and are really welcomed by the inmates obliged to occupy them. It is the constant observation in the neighborhood of large cities that business men, who have acquired large sums of money, expend it in palatial homes and magnificent surroundings, with no other result than to occupy it for a brief time, and to give homes for armies of servants. When they die, these properties do not realize ten cents on the dollar. They indicate, beyond question, the reckless, foolish judgment of the owner who, while being very acute to acquire money, is almost an idiot in his ability to expend it properly. Many of these palatial homes become sanatoriums, but it is almost impossible to keep up appearance and make them practical for the purposes called for. Physicians could do great pioneer work along this line in suggesting and advising their patrons how to put the money they have accumulated to the best possible use for the future. Not unfrequently a selfish physician will study in some way to be benefitted by the money his patron proposes to give, and this is a very dangerous field. One such man confided to a lawyer that he was to receive a very large sum of money on the death of a certain man. The lawyer advised to have the will changed and thus avoid a contest. If the money was put in trust for a distinct object, which was reasonable, the heirs would accept it. He might be made the director of this charity and thus profit indirectly. This was done, and the doctor

is now at the head of a great charity with an ample income as long as he lives.

How often illustrations like the following occur:

A man dies, leaving great wealth. His family and relatives gather from all directions, like birds of prey, awaiting the expiring breath of an animal before they will seize on it to engorge themselves. Wills are produced, and contests are started, and questions of capacity to make a will go into the court. An army of lawyers gather and years roll by and, finally, a very little property is divided. It has been lost in legal contest. Endowments of homes, colleges and innumerable charities are constant every day, and on the whole the world is better for it. There are failures, perversions and losses, of course, but somehow this money, if turned into broader channels, would lift the world higher up.

The fields for scientific research are growing wider every day for study of facts and their practical application along the lines of preventive medicine and better living. If this stream of charity could be turned in this direction, how positive and rapid the evolution of the race would go on.

Everyone recognizes today the field of germ diseases, and two grand laboratories are working out problems along those lines that will change the whole field of medicine.

Take the alcoholic question. Already there has been laboratory work in this field, done by independent solitary workers, that have given new aspects to the whole subject, and there are greater fields yet literally unknown awaiting discovery.

The study of the phenomena of heredity, and the mysterious influences which drive men to drink from all circles of society, must be taken up scientifically and studied for no other purposes except to find the facts and their meanings. These are the new fields of science that appeal to wealthy men to contribute of their means and make it possible to escape the disasters which threaten the race.

Doctors, as well as all others, are deeply interested in the great problems of how to live better, how to escape the perils and conflicts that come from every side. There is a realm of psychology here that has never been studied, and when taken up, would widen

the practice of every physician and lift him out of the realm of drug giving and make him a counsellor and judge in the larger sense of that word. Now, if the business instinct, which has enabled so many people to accumulate property beyond what was necessary to supply the comforts and pleasures of life, could be turned to make the world richer, by endowing institutions and furnishing means to conduct investigations into these new realms, the world would be better for the living.

A Research Foundation has been projected at Hartford, Conn., to explore the physical and psychical causes which are formative in producing the drink evil. Endowments for this work are not to be spent in palatial buildings, but for actual work. This is a new field that offers a splendid opportunity for the shrewd business man who has acquired property to perpetuate his name and memory for the future. This is an opportunity for discoveries of practical working facts that will be as startling as those in the field of electricity. Someone will realize this and have the satisfaction that his life and work has not been in vain. That what he has accumulated will go on widening the world through the ages.

The real psychology of modern charity calls for a change in the present methods. Accumulated wealth should be turned to practical fields and made to reproduce something real and intangible, not only to perpetuate the owner's name, but to make life sweeter and broader for the generations to come.

THE INDIAN IS NO LONGER A VANISHING RACE.

BY DR. LAWRENCE W. WHITE,
Superintendent Lac du Flambeau (Wisc.) Indian School.

At the Panama Pacific Exposition, held in San Francisco last year, there was placed in a prominent part of the grounds a statue that attracted a great deal of attention. The subject was an Indian with everything to indicate that he was worn and weary and had abandoned all hope. The forlorn and dejected figure was mounted upon a pony which was in every detail in perfect harmony with his rider. The title of this pathetic piece of statuary was "The End of the Trail." It faced the West and was very near the brink of the Pacific Ocean. The author had evidently intended to indicate that the "Noble Red Man," after having passed from the Atlantic Seabord across the continent, first having been halted at various places in the passing, and segregated upon small reservations, each growing smaller and smaller until at last he had reached the extreme limit of his career by coming to the end of the continent—to him the end of the world. In a word, it pictured the last of a dying race.

One Sunday during August, 1915, while the Conference of Indian Workers was in progress, many of the churches of San Francisco held services at which the theme was "The Indian and His Condition," and at almost all these services the ministers spoke of the pathetic significance of this statue, and were unanimous in proclaiming, "Lo, the poor Indian is fast passing from our midst. We have with us but a short time the Indian, a dying race."

This was not a new idea. For a great number of years we have had chanted into our ears the facts concerning a dying race until we have become well accustomed to it, and, I fear, have commenced to take it as a matter of fact. For it was true, the number of Indians was becoming smaller each year, and this was largely due to the faulty manner in which he had taken up the white man's civilization. He was taken from a domain as large as the continent itself and compelled to occupy very restricted

areas before he was taught the proper rules of sanitation. The bow and arrow were supplanted by the rifle and high explosives before he was taught the proper conservation of his natural food supply which he then had a means of rapidly destroying. The white man initiated him both by precept and example into the mysteries of drowning his many troubles in a bottle of whiskey without first telling him that in that same bottle of whiskey lurked death and destruction to his mental, moral and physical being.

He was rudely introduced to, and infected with, our most malignant infectious diseases without having been given any adequate means for coping with them and, after having been infected, was left to his own primitive methods for expecting a cure. He has been given food to which he was not accustomed without a knowledge of how properly to prepare it. To sum it up, he had been forced into a new world and compelled to live a new life without a rule or law, yet learned, by which he might adjust himself to his new surroundings.

Is it a thing to be marveled at that he should become the prey to all the ills to which mankind is heir? A race of people who had naturally been of powerful physique had been reduced to a state of weaklings, a condition of degeneracy had overtaken the former red man of the forest who had roved at will over vast areas. His habitation was now more or less permanent and in order to be healthful must be kept clean. This he did not understand nor undertake.

Children were born into surroundings which were far from sanitary, with possibly a drunken father and mother, neither of whom had made any preparation for the arrival, the care, or the maintenance of such a child. Is there any wonder such a one frequently succumbed before the end of the second summer after its advent into such a vale of tears?

Those who escaped death by a narrow margin through the years of childhood and reached manhood arrived there too frequently only to become a subject to be preyed upon by some disease as tuberculosis or trachoma. Too often the young Indian arrived at adolescence already scarred and disfigured by the former, and frequently blinded by the latter.

Is it so very strange then that these poor people for whom we had been so zealously guarding their land, their timber, their mines, their oil and gas, and possibly been negligent of their health, their lives, should finally furnish food for thought for a sculptor who would mould his thoughts into a statue like "The End of the Trail?"

The Indian had passed into a state of decadence and a lethal issue was imminent for the entire race when three years ago the present Commissioner of Indian Affairs faced the condition squarely and said, "To discover such a condition and not correct it were criminal." With this object in view every wheel in the machinery of the Bureau of Indian Affairs was set turning to correct the conditions which had made the Indian a dying race. He said "There is something fundamental here: we can not solve the Indian problem without Indians. We can not educate their children unless they are kept alive."."

Commencing with that period, three years ago, originating with the Commissioner of Indian Affairs and passing on down through every office and field employe, there has been an awakening, a quickening. Each one was made to feel that here was the great, the vital work of the Service, without which all the other would be worse than useless.

The great value of medical and surgical skill and service was seen and appreciated, therefore more doctors, ophthamologists and dentists. For getting the best results from the work of the physicians, the invaluable assistance of the trained nurse was recognized and this branch of the Service was augugented and improved. There was still a broad field which had not received the attention it deserved. The Field Matron, the sturdy champion of cleaner and better homes, restored constitutions and improved health, and babies to be proud of, she now came into her own.

Then came that glorious campaign to save the babies. This again originated with the Commissioner and was taken up enthusiastically by practically every employe of the Indian Service. In the Commissioner's famous letter to the field upon this subject he said in part:

"If we have an Indian policy worthy of the name, its goal must be an enduring and sturdy race, true to the noblest of its original instincts and virtues and loyally sympathetic with our social and national life; a body of efficient citizens blending their unique poise and powers with the keen and sleepless vigor of the white man.

"We must, therefore, renew daily our warfare against the arch foe of efficiency—disease.

"We must begin at the right place—not only with the infant at its mother's breast, but with the unborn generation.

"The new campaign for Health in which I would enlist you is, first of all, to save the Babies!

"Statistics startle us with the fact that approximately three-fifths of the Indian infants die before the age of five years.

"Of what use to this mournful mortality are our splendidly equipped schools?

"I earnestly call upon every Indian Bureau employe to help reduce this frightful percentage! Superintendents, teachers, physicians, matrons, nurses, everyone can do something by instruction or example, the physician with his science, the nurse with her trained skill, the matron with her motherly solicitude, all of us by personal hygiene, cleanliness, and sobriety.

"With this idea uppermost, all employes whose duties bring them in touch with Indian families must work in closest harmony for surrounding the expectant Indian mother with favorable health conditions before and after childbirth. The sanitation of the house of such women should have special attention and no baby allowed to be born into an environment germinating disease, if prevention is available.

"I want to send this safety, as far as possible, into every home of an Indian mother, whether that home be a tepee, a tent, a log house with dirt floors or a more comfortable abode.

> "The crux of the matter is: We must, if possible, get rid of the intolerable conditions that infest some of the Indian homes on the reservation, creating an atmosphere of death instead of life."

In compliance with the policy here outlined, Superintendents began more thoroughly to acquaint themselves with the home conditions of the Indians of their reservations, with the object in view of eliminating, as far as possible, everything that retarded the improvement of health conditions. He found many, but the reward to the faithful was certainly gratifying.

The physicians were started on systematic sanitary inspections. They found conditions which were deplorable. When such conditions were found, means for correcting them were instigated and, following plans suggested by the physician's science, much was accomplished.

Appreciating the value of good teeth in relation to good health, an effort has been made to provide dental facilities for the Indians through a corps of traveling dentists. While these employes have, up to this time, been compelled to confine their efforts largely to the schools, yet they have accomplished some work among the adults, and the demands upon their services are so great that no doubt remains with respect to the appreciation of the Indians for this form of treatment. As funds permit, it is hoped to increase this service more adequately to meet the demands upon it.

The trained nurse, with her technical knowledge, was called upon to care for the sick as only a trained nurse can. The Field Matron, the farmer, the teacher, in fact every field employe, was soon an enlisted soldier in this army to fight in a campaign to restore the constitution, to regain the health, to save a race that had, by competent persons, been proclaimed to be dying.

"Baby Shows" have become a part of every Indian fair, "Baby Weeks" and "Child Welfare Exhibits" have been carried out on nearly every reservation in the Indian country. "Mothers' Meetings" have been instituted, "Little Mothers' Leagues" formed, and other educational features have been made a part of this campaign with the idea of teaching the Indian mothers the proper way of caring for their children.

This campaign was far from being an easy one. Much was required in order that it might be carried out as planned. The hospitals were neither numerous enough nor well enough equipped to meet the demands upon them. The number of thoroughly qualified physicians in the service was far too small. More trained nurses were needed as were also field matrons. A diffusion of knowledge along lines of sanitation through the distribution of literature in the field was urgently needed. How these conditions and demands were met may be seen by the following figures:

In 1912 the medical force of the Indian Service consisted of:

1 Medical Supervisor,
2 Ophthalmologists,,
1 Physician Expert,
1 Assistant Physician,
89 Agency Physicians,
53 Contract Physicians.

This force has been increased until now it consists of:

3 Medical Supervisors,
7 Ophthalmologists,
130 Agency Physicians,
76 Contract Physicians,
7 Field Dentists,
6 Field Nurses.

In addition to these there are also substantial increases in the number of hospital nurses, field matrons and miscellaneous hospital employes, the exact number of which can not be easily computed. Besides this, note the increase of General Health Appropriation, known as "Relieving distress and Prevention, etc., Diseases among Indians":

Fiscal year, 1911, $ 40,000,
Fiscal year, 1912, 60,000,
Fiscal year, 1913, 90,000,
Fiscal year, 1914, 200,000,
Fiscal year, 1915, 300,000,
Fiscal year, 1916, 330,000,
Fiscal year, 1917, 350,000.

To be requested for the year 1918 will be $400,000. The amount used for this purpose having been multiplied by ten during the last eight years, the larger part of the multiplication having occured in the past three years, and the results obtained have more than justified the expenditure.

What has been done with this money? Here it is in part:

Hospitals built or under construction during 1914 and 1915 at the following places at a cost ranging from $3,030 to $48,954 each:

Blackfeet, Montana; Carson, Nevada; Cheyenne and Arapaho, Oklahoma; Mescalero, New Mexico; Pima, Arizona; Turtle Mountain, North Dakota; Navajo, Arizona; Albuquerque Pueblo, Laguna, New Mexico; Fort Peck, Montana; Moqui, Arizona; Tohatchi, Arizona; San Juan, New Mexico; Spokane, Washington; Winnebago, Nebraska; Canton Asylum, South Dakota; Cherokee, North Carolina; Fort Totten, North Dakota; Cheyenne River, South Dakota; Choctaw-Chickasaw, Talihina, Oklahoma; Fond du Lac, Minnesota; Kiowa, Oklahoma; Leech Lake, Minnesota; Pine Ridge, South Dakota; Red Lake, Minnesota; Rosebud, South Dakota; Standing Rock, North Dakota; Fort Lapwai Sanatorium, Idaho; Sac and Fox Sanatorium, Iowa; Phoenix Sanatorium, Arizona; Crow Hospital, Crow Montana; Truston Canon, Arizona; Jicarilla, New Mexico; Crow Creek, South Dakota; Hoopa Valley, California.

This vast number of well equipped hospitals are well distributed over the Indian country.

Besides, there has been an immense amount of valuable literature, both gathered and prepared in the form of pamphlets, and then distributed in the field of which these are some:

"Indian Babies, How to Keep Them Well."
"Save the Babies" number of "The Red Man."

Distribution of the U. S. Health Bulletins on such subjects are:

Sewerage Disposal,
Poliomyelitis,
Summer Care of Infants,

Tuberculosis,
Typhoid Fever; Causation and Prevention.
Sewerage polluted water supply in "Relation to Infant Mortality."

The following books and journals have been distributed to school and agency physicians:

"Journal of American Medical Association,"
"Therapeutic Gazette,"
"Fuch's Ophthalmology,"
"Roseneau's Preventive Medicine and Hygiene,"
"Pulmonary Tuberculosis," Fishberg.

And copies of Brown's "Rules for Recovery from Tuberculosis" were distributed to field matrons.

These were all prepared, distributed, read, and put into execution in carrying out this great health education campaign.

What were the results of all this expenditure of funds, enthusiasm and effort on the part of all those thus engaged in refuting the too-oft-repeated statement that the Indian was a dying race?

The Indian's constitution has been restored, his health conditions improved and death rate decreased wherever there are Indians to be found. Babies who before had been born into surroundings contributing every cause for an early death now come into the world where previous preparation has been made, in a clean home or in a hospital where the mother was cared for and taught properly to care for her offspring. Such babies come to stay, and are making statistics to show to the world that the Indian is not a dying race. Besides, they are filling happy homes where before they had proven to be the despair of heart-broken parents who had seen them come only to find a place in their affections and then be taken from them by diseases they knew not.

Those who had been suffering pain and blindness from the effects of trachoma have now found relief and now live to bless the good Samaritan who brought this relief to their doors. The old and young are coming to realize that grewsome death lurks in filth, and that disease is spread by such agents as the common drinking cup, spitting upon floors, and the presence of flies in the house.

These results are further proven by the health reports sent in from the whole country. In proof of this statement I quote the following:

Dr. Newberne, Traveling Medical Supervisor, reports on San Xavier: "The birth rate for the last fiscal year as expressed in terms of the number of births to the thousand of population was a little more than forty, while the death rate was not much above sixteen per thousand, which is no higher than that of some of our best cities."

Dr. Newberne, on Sac and Fox, Oklahoma, states: "From the foregoing figures it will be seen that the aggregate increase in the male population is twelve and that for the female population thirty-four, or a combined increase of forty-six. This, in spite of the fact that an epidemic of smallpox occurred on the reservation, which caused fourteen deaths."

Dr. Newberne Poncas: "Into the Poncas Tribe there were born eight males and eleven females, a total of nineteen during the last fiscal year, while their deaths amounted to only five, a net increase for the year of fourteen."

Dr. Newberne: Shawnee Agency: "The last compiled vital statistics makes the following comparisons of births and deaths for the fiscal year 1915: eighty-five births, fifty-two deaths, excess births over deaths, thirty-three."

Dr. Newberne, Turtle Mountain: "During the fiscal year the number of births was 106, the number of deaths was forty-six, thus showing a net increase in population of sixty."

Dr. Newberne, Fond du Lac: "During the last fiscal year there were born thirty-four children, while the death rate for the corresponding period was twelve, showing a net gain in population of twenty-two."

Dr. Newberne, Leupp: "The number of births for the last fiscal year was one hundred and ten, the number of deaths was thirty-four, thus leaving an increase in the population of seventy-six."

There are innumerable reports of this very same kind coming as they do from almost every agency in the Service and almost everyone showing more or less increase. One superintendent

writes an especially interesting health report, which I take the liberty of printing here:

"The general health conditions at this school and agency have been good.

"No epidemics or infectious or contagious diseases other than tuberculosis and trachoma have been prevalent, except that during the early spring of this year typhoid fever made its appearance at one of our schools, but prompt measures soon eradicated this disease. During the early fall smallpox made its appearance in one family, and although seven members of the family were brought into contact with the disease, prompt vaccination of the entire family prevented its spreading absolutely.

"Sanitary conditions throughout the reservation, especially in and around the Indians' homes, have been very good. We, of course, find numerous cases of trash, but little filth. Our Field Matrons are giving this matter careful attention and good results are being secured.

"Agency physicians have done all in their power to relieve the sick and overcome the practice of Indian doctors. Every physician on this reservation is competent to cope with the conditions and is rendering satisfactory service. Trachoma is the greatest danger confronting our Indians at the present time. Our physicians are all qualified to handle this disease, each of them being practically specialists in its treatment. The Indians' Hospital recently constructed on this reservation will prove a God-send to the Indians here, and its recent opening will be, and has been, welcomed by a number of our Indians. While the equipment has not all arrived, we are doing effective work and when entirely equipped the hospital will be the equal in effectiveness to any in this section of the country."

A stalwart advocate of all things that tend to the uplift of the Indian either mentally, morally, or physically; a strong character in the Indian field who has for twenty-three years fought their battles as if they were his own, has recently said, in speaking of the Indians' condition: "I have learned to be a philosopher rather than a pessimist." This man read a paper at the same conference of Indian Workers before referred to, and at its conclu-

sion spoke of "The End of the Trail," saying the time had come to reverse the conditions there depicted, that the Indian was replacing that expression of dejection and despair with one of hope and courage, that he should now right-about-face; face eastward, not westward, look upward, not downward, look forward, not backward, and march shoulder to shoulder with his white brother, meeting and surmounting the same difficulties, and thus achieving the same successes together." And this has proven not only possible but practical, and these very conditions do now obtain because of the greatly improved health and restored constitutions of the once enfeebled Indian.

Then a few days later at that 1915 conference came into our midst the Commissioner, dust covered and sunburned, from a six-weeks' stay with the Pimas and Papagoes in the deserts of Arizona, and when he had barely taken time to brush the desert dust from his clothing he announced in his big whole-hearted, enthusiastic way that the tide had certainly turned, that it could no longer be truthfully said of the Indian that he is a vanishing race. Well-formed plans, by hard and coöperative work had been successfully carried out,, and the desired result had been achieved. The Indian was now on the firm foundation of better health conditions. The birth rate had gotten into the ascendency over the death rate.

To verify the fact here stated, that is, that this condition has come to stay and is still improving, I will call your attention to these figures which have been collected by states and are accurate, but exclude the Five Civilized Tribes and certain unattached Indians of California, data upon which is not at present available:

Vital Statistics, 1916:

Total Indian population	209,224
Total births	6,092
Total deaths	4,570
Births over deaths	1,522

Has not this been a glorious, a beautiful, a great humanitarian success. To have reached down as it were and snatched the noble

race of people from the very jaws of death. To have restored the constitutions of men and women who were falling into decay, to have given vision to those who otherwise would soon have been permanently blind, to have given that poor babe at the mother's breast its deserved chance to live. Is not this the greatest, the most ennobling deed possible for anyone to accomplish? It is a thing to attract the attention and call forth the admiration of the civilized world, and certainly marks the most distinct epoch of Indian history.

Who should share in the thanks which are due for the accomplishment of this stupendous task?

The old Indians themselves who have so readily and confidingly taken the health suggestions which were made to them. The Indian child who has taken the lessons of sanitation learned in the school room, together with clean rags and soap into his home and accomplished wonders for health there. The returned student from the larger schools, with his broader training, who has gone to his home and his people with the gospel of cleanliness and health to all these some thanks are due.

To the matron, disciplinarian, the clerks in school and agency offices, and every industrial employe connected with the work who have faithfully taught by precept and example rules which so nearly concern the temporal welfare of all Indians, they, too, should be thanked.

To those faithful, untiring school teachers, who every day, and at least three evenings in the week, endeavor so earnestly to teach the Indian boy and girl those things which will preserve their health and build constitutions which will save their race. Some of them sacrifice every day of their annual leave in order to attend normal school to better fit themselves for the next year's work. We have such teachers, and to them should be extended thanks.

To the physician, the nurse and field matron, these who have ministered unto the sick and afflicted, have cared for the mother and her new-born babe, have watched by a death bed, closed eyes in the last long sleep, and spoken words of comfort to the bereaved ones, and have done all this sometimes in the silent

watches of the night while others slept, to these there is surely something due.

To the Superintendent, the autocrat of the reservation or school who is, or ought to be the good father of the whole tribe, who settles their domestic and financial troubles, advises them as to all things concerning the home, health and happiness, who should see to it that the new born infant is provided with swadling clothes and that the dead are provided with a shroud and coffin, who can with equal grace perform a marriage ceremony or preach a sermon in the school chapel on Sunday evenings—to him, let's say "thank you."

To those faithful office people, together with inspecting officials who have so patiently listened to our S. O. S.'s, which we are continually sending in, giving the help when available, and kindly assuring us they are sorry when such help was beyond reach, we all thank them.

The master mind of this great health campaign, the man who conceived and directs it all, whose mental vision is far-seeing, whose big heart is overflowing with the milk of human kindness, who found a dying race and like the great humanitarian he is, placed it high upon a pedestal of safety—God bless him—Our Commissioner, Cato Sells.

Selected Articles

FISSURE AT THE ANUS.

BY CHARLES J. DRUECH, M.D.,

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A fissure is a solution of continuity of the tissues at the anus or of the anal wall, caused by traumatism of a hard fecal mass, a foreign body, or straining at stool or at urination, and characterized by acute pain during or after each stool.

Of all the distressing lesions of the human body there is none the suffering from which approaches in any degree that from so apparently slight a pathology as a fissure of the anus, or which causes so far reaching results. But if this condition is seen early and promptly diagnosed it readily yields to treatment. Even in old cases where the patient's vigor and nervous stability have been shattered the fissure may be cured and physical health restored. All ulcers in the rectum or anus occasion some pain, but fissure is distinct from the destructive and extensive ulcers.

A fissure occurs more frequently in the posterior quadrant of the anus near the posterior commissure, or occasionally in women in the anterior quadrant, but rarely upon the lateral walls. It may be found anywhere from the mucocutaneous junction to the upper limit of the column of Morganig; the majority begin at the upper limit of the anal canal, at the lower border of the internal sphincter, and extend downward. Infection readily takes place in the abraded surfaces, burrows up or down beneath the mucous membrane, or the lymphatics carry it into the ischio-rectal anterior or posterior rectal spaces and an abscess or, perhaps, a fistula may result.

Etiology—Many plausible theories have been advanced as the causes of fissure, but these after all are based upon the fact that

the individual has suffered with constipation which has permitted fecal masses to remain in the rectal pouch until they producced local congestion, or, perhaps, pressure necrosis or ulceration, and also a general auto-intoxication. The mass dries out and later the fecal concretions, sometimes stony hard, are expelled with considerable straining and difficulty, thereby dragging down and tearing the mucous membrane. The trauma may be produced by a foreign body, bones, bits of tooth pick or the like in the stool, or by injury with an enema tip, or the straining occasioned by coughing or sneezing. Moreover, anything which narrows the lumen of the anus, as a polypus, stricture, congenital malformation, pregnancy or parturition, tends to drive a hard fecal mass unduly harshly against the mucosa as it passes. The fissure may also originate from an inflammatory condition or an edema at or near the anus which softens the tissues and weakens their natural resistance.

Infection takes place in the ulcer, thereby irritating and inflaming the delicate nerve twigs, and sets up a spasm of the spincters. This spasm in turn causes constant motion of the base of the ulcer, besides rubbing infection into the wound. Thus we have a vicious circle established.

Fissures occur at all ages and in all conditions of life, but particularly in young adults. In infants they are often an expression of syphilis but not always. They are estimated to constitute 20 per cent of all rectal disorders. There is considerable difference of opinion as to the relative frequency of fissure in men and women. Lynch says it occurs twice as frequently in women as in men, but Goodsall observed it oftener in the latter. The fissure is nearly always single except in chronic proctitis, gonorrhea and syphilis, where it is usually multiple.

Pathology—The anal fissure is an elongated rent in the mucosa and is limited to a sulcus between two radial folds of the anal wall. It spreads up and down by the action of the feces against the membrane, but not laterally. The ulcer is very like the crack in the epidermis of the hands when chapped. If the mucosa were spread out the ulcer would prove to be somewhat circular in outline.

The abrasion or tear which at first is superficial soon becomes an ulcer by infection. The edges are thickened by inflammation of the surrounding mucosa and undermined by the constant muscular spasm at the base of the wound. The whole depressed surface of the ulcer is at first bright red and bleeds easily when touched. Later fatty, grayish granulations, mucus, pus, and pseudomembrane cover the surface. At this time the edges are pale, indurated and distinctly undermined, with sinuses leading into the surrounding tissues. The whole ulcer and surrounding mucosa are distinctly congested and the underlying muscular wall, which has been laid bare, is spasmodically contracted. At the lower end of the fissure the mucous membrane or mucocutaneous border is frequently hypertrophied, resembling a pile, the so-called sentinel pile, which is sometimes divided into two parts by the fissure. It is excruciatingly painful to the touch, and if manipulated brings on the characteristic pains. Cicatrization and apparent healing are always going on, but repeatedly breaking down again. The ulcer may perhaps heal over temporarily, but will soon be torn open by hard fecal masses or straining at stool. Such conditions alter the vascular and nerve supply of the parts. A thoroughly inflamed fissure closely resembles a chancre and may be difficult to differentiate. The local history and the absence of other syphilitic symptoms are determining factors.

Symptoms—Patients generally can not date the onset of the first symptoms. Occasionally there is a history of a sensation of something giving way during a difficult constipated bowel movement, with perhaps a slight discharge of blood. Usually the patient states that there has been for some time an itching or pain when defecating or immediately after, and often accompanied with a drop or two of blood which stains the sides of the fecal mass or is noticed on the toilet paper. There is no visible discharge of pus or mucus.

From the beginning the fissures causes pain, which at first is due to the trauma and the raw surface exposed to the irritating action of the fecal passages. It is burning, cutting, and tearing, comes on with or immediately after the passage of the stool, but lasts only a short time, a few minutes. Soon the wound becomes

inflamed, and the pain and smarting may continue for one half to one hour and be so severe that the patient can not rise from the toilet or must seek his bed to lie there in agony until the pain subsides. After the pain disappears he may get up and attend to his usual duties in peace until the next bowel movement, when his seance is repeated.

Later the wound edges are thickened and are jammed into the ulcer by the contracted muscle, and the pain is constant, although with especially severe paroxysms at each and every bowel movement. The pain is changed in character from that experienced earlier and is dull, throbbing, aching like a toothache, and radiates to the back, especially the sacro-iliac joint, and shoots down the legs and may last for several hours, or even all day. Some such patients are never free from distress. These pains may be referred to the prostate or the ovaries and mislead us in the diagnosis.

Pain occurring immediately after defecation indicates involvement of the external sphincter or the muco-cutaneous margin, while that which comes on some time after stool indicates ulceration high up in the rectum. These latter ulcers are usually of long standing. Generally speaking, the acuteness and severity of the pain are in relation to the nearness of the ulcer to the anal margin. Also the wider the skin involvement the greater the pain.

Constipation is sometimes occasioned by restraining the regular evacuations because of fear of the pain following the bowel movements. Later it becomes a habit, and as a result the stool is more painful because the feces are harder, dryer, and more irritating the longer they are retained and when expelled cause much more pain and injury.

Frequent urination and dysuria are often found as reflex symptoms early in this affection and may be overlooked, or the patient may be treated without avail for cystitis, urethritis, urethral stricture or prostatitis, especially if the pain in the rectum following the defecation is not very sharp. This frequent desire to urinate may come on every fifteen or thirty minutes. A few ounces only are voided at a time, and there persists an annoying dribbling accompanied with a spasm of the vesical and anal sphincters and a

feeling of uneasiness at the anus. Some time ago I saw a patient in whom this annoying reflex was repeatedly set up by a fecal accumulation in the retal pouch, but would promptly subside with a rectal flushing. The sympathetic nerve supply of the bladder, urethra and rectum is so closely interwoven that irritation of one part is readily reflected to another. Many widespread reflex disorders due to nervous exhaustion from the constant pain and the disturbed action of the bowels may result from a fissure.

Diagnosis—The diagnosis of fissure in ano is relatively easy. The anus must be carefully examined and the subjective symptoms confined by the local findings, as pain of a similar character may be due to a number of other conditions. The patient is placed on his left side and asked to bear down. The buttocks are gently separated and as he strains the fissure usually comes into view. The sentinel pile, if present, is recognized, or it may be that the ulceration involves the mucocutaneous margin.

If not seen, the skin about the anus is to be firmly but gently palpated. An hypertrophied sphincter will be noted and pain elicited on pressure over the region of the fissure. By this procedure the location of the fissure is determined and the digital or specular examination made less painful. In women a finger introduced within the vagina can evert the rectum, or at least the anterior wall, and expose the ulcer to view.

Ulcers situated above the external sphincter can not be everted and are examined through the speculum—the conical, fenestrated or a Sims' vaginal speculum according to the needs of the individual case. Sometimes the fissure is obscured to vision by a hemorrhoid or by edema of the surrounding mucous membrane, and may not be easily seen until the whole anal wall is carefully searched by separating the anal folds, one field at a time.

Digitally we may find the fissure and determine the condition of its base and edges. When introducing the finger, bear in mind the excruciating painfulness of manipulating an unprepared fissure, and crowd the finger to that segment of the rectum opposite the location of the fissure. Introduce the finger in whole length and examine that part of the rectum above the fissure, as well as around and below it, to determine anything else that is wrong.

These maneuvers are always painful, but may be rendered less so by spraying the anus with cocain solution and by placing within the anus a pledget of cotton saturated with the same.

Sometimes there exists an area of intensely inflamed and hyperesthetic mucous membrane associated with a spasm of the sphincter. This is not a fissure, but its symptoms are the same and it may be easily mistaken for an ulcer.

Treatment—There is no such thing as an expectant or palliative treatment for anal fissure. Opiates and sedatives increase the constipation, thereby increasing the injury and pain. Enemas of starch water and opium, lead water and opium and iodoform and oil are worse than useless. When the ulcer is due to syphilis, polypus or papilloma, our treatment is directed to them instead of to the fissure; also constipation or proctitis must be relieved or else the ulcer will soon recur.

Two principles govern the treatment of fissure: 1. Rest. 2. Drainage. Each case must be treated individually to obtain these results.

The bowels should be kept open, if possible, by a carefully controlled diet, or with enemas of olive oil or glycerine suppositories. A small enema of olive oil or glycerine given a short while before the usual time of defecation will soften the surface of the fecal mass and assist in its easy evacuation. Laxatives are contraindicated, or in exceptional instances are to be used guardedly. Salines themselves and the liquid stools they produce are very irritating, as are also the resinous cathartics like gamboge, podophyllin, or aloes.

In recent fissures, before the wound edges are thickened or undermined or before pus borrowing has occurred, local dressings give good results. The anus and, if possible, the ulcer are sprayed with 4 per cent cocain in 1-1000 adrenalin chloride solution and allowed to rest five minutes. A conical, fenestrated speculum is now carefully inserted with the shutter over the fissure; the shutter is withdrawn and the speculum gradually opened, bringing the fissure well into view. The ulcer is now sprayed with cocain, if it has not been reached previously, and then painted with silver nitrate solution 20 grains to the ounce, or with pure ichthyol.

Sometimes this occasions a spasm of the sphincter for a time after the treatment, but this may be avoided by smearing the field promptly with

Ung. Strammonii
Ung. Belladonnæ
Ung. Hydrastal.....a.a.

A cure should be accomplished by this course in two to four weeks and sometimes with only a few treatments. If not obtained within this time the fissure should be treated surgically. When the sphincters are hypertrophied and spasmodically contracted, or the ulcer is deep with indurated and undermined edges, or the sentinel pile has developed, or the muscle wall is exposed, local measures as outlined above are not sufficient.

Surgical Treatment—Divulsion of the sphincter muscles is one of the older methods that is still heard of occasionally. Although it does relieve and often cure the fissures, it requires a general anesthetic, produces undue traumatism of the mucosa, sometimes leaves a permanent injury to the spincter whereby the patient loses the sense of approach of gas or liquid material, and may lose full control of ordinary fecal matter, and sometimes leaves a permanent neuralgia of the anus. It frequently does not afford permanent relief, particularly in fissure in the posterior median commissure, and is passed as not being good surgery of today.

Incision with drainage produces much better results, and unless the sphincter is particularly irritable or the patient very nervous or hysterical the operation can be performed under a local anesthetic.

Technic—The patient, after being properly prepared, is placed in the Sims' position if the work is to be done under local anesthesia, or in the exaggerated lithotomy position if under a general anesthetic. A Sims' speculum is inserted and the fissure brought into view. Sinuses burrowing under the mucous membrane are sought with a probe, and when found they should be widely opened. The thickened and undermined edges are carefully trimmed flat and the fissure incised at its base down to the muscle wall, bringing the wound well out onto the skin to facilitate drainage. The edges of the fissure are trimmed away

flat and also those of the incision extending below its lower end, lest they obstruct drainage. The sentinel pile, if present, is carefully included in the parts cut away, and also any papilla or small polypoid growths at the upper end of the fissure, which might fall into the rent and hold the wound apart. Exuberant granulations should be curetted away. The wound is packed with gauze in layers. The upper layers are removed in twelve or twenty-four hours, but the lower ones are left until after the bowels are evacuated to prevent infection of the field. The upper layers of gauze are easily removed, but granulation and blood clots entangle the lower layers and cause pain. This suffering may be minimized by washing the wound while the gauze is in place with warm saline solution and following with peroxide of hydrogen solution. The wound is washed with a mild antiseptic solution each day after the bowels have evacuated, until the field is completely healed, which requires about three weeks. During these dressings the edges must be carefully kept open until the surface, and particularly the upper end of the wound is thoroughly healed, so that drainage may be freely provided.

It is advisable, although not necessary, that the patient keep his bed for a day or two after the operation. The evacuations should be kept free and the movements soft, and after each defecation the patient should take a warm antiseptic sitz bath. There is at times some temporary incontinence following this operation, but this disappears as the wound heals. When the fissure has existed continuously for several months, or when it has been operated upon and has not healed promptly, the possiblity of syphilis will call for a blood examination, and also tubercular, anemic or rheumatic factors must not be overlooked.—*International Journal of Surgery.*

Extracts from Home and Foreign Journals

SURGICAL

Separation of Buttocks.

Occasions arise in which the examination of the anus or the contiguous skin is necessary, or some minor operation of the area is indicated, but when, unfortunately, the patient objects to a third person (assistant). At times, as in private homes, assistance on similar occasions is lacking. Being confronted with such a case (the removal of a small external hemorrhoid), I was much annoyed by the falling together of large, soft, flabby buttocks. This disadvantage was quickly overcome by the simple expedient of apply a 2-inch strip of surgical adhesive plaster to each buttock and by a bandage which united the ends in front ,pulling the buttocks apart. The adhesive strips are applied about an inch from the anus, transversely to the axis of the body and closely attached to the skin for, say, 6 inches. It is a great relief to the operator to witness how easily the buttocks are separated by this means and what an excellent field this simple method provides. It is painless, quick, cheap, efficient and, best of all, may be applied at any time or place when a roll of adhesive is available.—John C. Siliman, M.D., in the *Journ. of the Am. Med. Asso.*

Strangulated Diaphragmatic Hernia.

Junior Vitac, of Libourne, Jour. de Med. de Bordeaux, Aug., reports a case of intestinal obstruction with typic symptoms except that the patient could rise from the bed and, indeed, found partial relief from a crouching posture. Exploratory operation revealed a part of the ileum passing through the left diaphragm. It ruptured during withdrawal but the obstruction seemed to be relieved. Buried sutures were placed for an extent of 10 c.m., the peritoneum was flushed and drained. Death ensued the next morning. Necropsy showed that, in addition to the ileum, an intricate mass of transverse colon, loops of small intestine and epip-

loon were involved in the hernia. The hernia had undoubtedly existed for many years if it was not congenital.—*Buffalo Medical Journal.*

MEDICAL

A Domestic Remedy for Whooping Cough.

The *New York Medical Journal,* of August 5, 1916, contains a rural remedy for whooping cough, communicated by T. Mark Hovell, of London, to the Britsh Medical Journal for July 1st. Peel the cloves of garlic, cut them into thin slices and wear them under the soles of the feet between two pairs of socks (if placed next the skin the pressure produced by walking is apt to cause irritation). The garlic can usually be smelt in the breath within half an hour after the slices have begun to be worn, and the whoop and spasm usually disappear within forty-eight hours. The garlic should be worn for a week or ten days or longer, according to the severity of the case. Among the French Canadians onions are used in exactly the same way. Garlic may also be administered by eating it as a form of bread sauce, made by chopping up the peeled cloves, boiling them in milk, and mixing them with bread-crumbs.—*The Medical Critic and Guide.*

Treatment of Carriers of Amebic Dysentery.

H. H. Dale (Lancet, July 29, 1916), describes a number of cases in which a course of the usual hypodermic emetine therapy produces only a temporary disappearance of cysts from the stools. Such cases relapse into chronic cyst carriers. The use of ipecacuanha by mouth seems to have given better results in this class of cases, but it is often impossible to give a thorough course of treatment in this way, owing to the production of nausea and vomiting. A double iodide of emetine and bismuth has been prepared recently and furnishes a salt from which the emetine is liberated only after passage into the alkaline intestinal fluids. Three grains of this salt represent one grain of emetine and are equivalent to sixty grains of ipecac. This preparation was tried by Dale in a

small series of chronic carriers with strikingly favorable results. In the majority the cysts were promptly and permanently removed from the stools. In a few of the patients some nausea was observed, but this could often be prevented by administering the dose with, or immediately after a meal. The daily dose ranged from two to four grains administered in capsules. It is suggested that this new preparation might be employed in small doses repeated every few days as a prophylactic for those exposed to infection.—*Pediatrics.*

OBSTETRICAL

Treatment of Cancer of the Uterus.

Donald C. Balfour (Texas State Journal of Medicine, July, 1916), advises early cauterization in early cancer of the uterus, followed immediately by a total abdominal hysterectomy. In a small percentage of the cases the condition of the patient may demand a vaginal hysterectomy as the wisest procedure. For moderately advanced cases the use of heat by the Percy method is best. From the results of this treatment the surgeon must decide whether a total abdominal hysterectomy is advisable and, if so, when. If the patient is a serious operative risk, vaginal hysterectomy should be considered. In advanced cases a determined effort should be made to ameliorate the symptoms and prolong life by heat, radium, etc. This treatment, at times, is rewarded by a result which permits radical operation.—*Pediatrics.*

Pregnancy in Fibromatous Uteri.

The ways of Nature are curious. Very frequently a small plug of mucus in the cervix will prevent impregnation for years, producing practical sterility. On the other hand, impregnation will occur in women whose cervices are completely occluded—to the naked eye, at least. We lately saw a uterus in which the cervix was completely occluded by a fibroma; it is strange how the spermatozoa could make their way through it—but they did, because inside of the uterus there was a living fetus. The woman was in her fifth month of pregnancy.—*The Medical Critic and Guide.*

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail, either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M. D. corner Summer and Union Streets, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

THE PREVENTION OF CONCEPTION.

The following extract is taken from Maurice Parmalee's book, "Poverty and Social Progress":

"One of the most disgraceful things in this country is the drastic penal legislation against the teaching and use of contraceptics. Such legislation is stupid because it displays total ignorance of the laws of population. It is brutal because it stands in the way of relieving the pressure of population upon many men, women and children in the lower classes of society. It is vulgar, because it is inspired by a chauvinistic desire for great numbers."

The above quotation is only too true. If there is any one common source of poverty, drunkenness, immorality, illiteracy, crime, degeneracy and disease, it is the large family; not the large family of the wealthy and the idle rich, but the large family of the poor. In this era of preventive medicine we trace out the cause of a disease, remove the cause and the disease disappears. Unless we learn the cause, we are almost as helpless as our forefathers. Our methods of quarantine are better, our municipal sanitation is more perfect, but the tide of battle runs high in the favor of disease until the cause is isolated. The rapid spread of pellagra through the South and the recent epidemic of infantile paralysis in the North bear witness to this fact. Just as physical disease can not be eradicated unless the cause is found and removed, so also is it hopeless and foolish to try to cure economic diseases—and economic and physical disease go hand in hand—without a thorough knowledge of the source. Settlement houses, juvenile courts,

houses of reform, etc., are but therapeutic agencies for diseases already established. Like other symptomatic therapeusis they do some good, but not much, because they do not fight the cause. We must enquire why our prisons are full, our women prostitutes, our men crooks and criminals, our sons degenerate and illiterate. Of course there can not be any one etiological source of these economic diseases any more than there is one etiologic source of physical disease; but just as a weakened run down condition of the body is usually the forerunner of disease, so also is the family, weakened and poverty stricken because of large numbers, prone to suffer not only physical, but also economic and moral disease.

So here we see one common cause of the ills to which humanity is heir. Just as tuberculosis occurs oftener in the cheaper, crowded tenements so, too, are crime, degeneracy, illiteracy, drunkenness and immorality, which are the tubercle bacilli of the body politic found in the some districts. Tuberculosis is not inherited, but contracted through association with those who are tuberculous. The criminal, the prostitute, the moral leper are not born such, but become depraved through associations which can not be avoided or through necessity. The large family is forced to live in districts where crime and immorality flourish, and it is this association, coupled with necessity, which often leads one or two members, or the whole family, into the paths of crime and immorality. The unhealthy surroundings also lead to physical disease. We can not hope to control the death rate so long as the birth rate is uncontrolled, and it's folly to hope to educate, clothe and control a family of six when there is not enough money in the home to feed a family of three. Therefore, it would be wise to double the dollar by halfing the offspring; educate the poor as well as the rich in the methods of prevention and they will have a chance to educate their offspring in all respects.

The religious say it is a crime to prevent conception, losing sight of the much greater crime of bearing children who are handicapped in the struggle for existence even before they are born. One powerful branch of the Church prohibits the use of preventives in wedlock and yet rewards its celibate members with its highest offices. This is inconsistent to say the least. If

it is wrong to interfere with the course of nature by preventing conception it would seem a much greater wrong to interfere with marriage and in that way prevent conception. All through Nature we see a mating of the sexes, and we also see interference with conception. Even in man and woman at periodical intervals there is a waste of the germ of life. We can hardly err if we follow Nature, and it is certainly better to destroy the germ before fertilized than to allow conception when the product of conception is hopelessly handicapped in the struggle for existence.

Some argue that knowledge of preventives would increase immorality among women. We can not agree with them, since we believe most girls go wrong from ignorance of sexual matters or because of a necessity, which is only too often the result of the large poverty-stricken family.

The law as it stands today is one of the many barriers against the single moral standard of the two sexes; it is a law made by men for men and woman gets the hot end. The seducer does his dirty work at very little risk, while the victim is exposed not only to venereal diseases and chronic invalidism, but also to pregnancy and disgrace. Even granting for the sake of argument that knowledge of the means of preventing conception would increase immorality, it is still true that the law is unfair to women, since it puts all the burden of morality upon her shoulders; it is unfair to women, since it compels her to bear children when she is physically unfit for maternity, and it is still unfair to woman when, through its workings it compels her to sell herself in order that she or her children may live. The law is unfair to man in that it compels him to slave in order to support a large family on a small income; it drives him to illegitimate intercourse, since legitimate intercourse means more children when there are already too many. It is unfair to the whole nation, since it stands at variance with one of the principles of our government, "the greatest good for the greatest number."

The economists can fight poverty; the prohibitionists, drink; the sexologists, immorality; educators, illiteracy; criminologists, crime; and physicians, disease, but so long as the seeds from which these evils springs are allowed to fall in abundance in the

fertile soil of the tenement districts we can hope for no permanent benefits, and vaunted national prosperity can only remain a thin veneer, always ready to cave in on the rottenness underneath.

W. T. B.

Missionary Hospital Work in India.

Qualified medical man required who is in sympathy with religious work. Passage paid and small monthly allowance made. Three years agreement. Apply, sending copies of testimonials.

Commander Eva Booth,
Field Department, Salvation Army Headquarters, 122 West 14th St., New York City.

Combatting Insects Affecting the Health of Man.

Activities of the Bureau of Entomology of the U. S. Department of Agriculture Shown in Annual Report.

Washington, D. C., Nov. 20, 1916—Continued advances in the work of combating the activities of insects affecting the health of man are reported by the Chief of the Bureau of Entomology of the U. S. Department of Agriculture in his annual report recently issued. In mosquito investigation in Louisiana a species of mosquito hitherto considered a non-carrier of malarial infection was proved to be a carrier. Studies have been made of malaria and measures are being evolved to meet plantation conditions.

The "starvation" plan, aimed to exterminate the spotted fever tick of the Bitter Root Valley, Montana, was followed during the year with encouraging success. The plan consists of the removal of the domestic hosts of the adult tick from the infested areas. The Bureau also conducted a campaign of extermination against ground squirrels and other rodent hosts of the immature ticks. Examination of the rodents killed showed 40 per cent lower infestation by the tick than during the preceding year.

The report directs attention to the demonstrations of the Bureau specialists that the breeding of flies in manure can be prevented

by treating the substance with calcium cyanamid and acid phosphate, which at the same time increase the fertilizing value of the manure.

The Bureau also conducted investigations into methods of lessening fly infestation in packing establishments operated under the Meat Inspection Service of the Department.

Welfare and Efficiency Conference.

Attention is called to this letter, the object and interest of which are explained therein. The altruistic aims of such a body are obvious and should be heartily subscribed to by every physician interested in the welfare of his fellow beings:

Journal of Medicine and Surgery, Nashville, Tenn.:

Gentlemen—I desire to invite you to attend the fourth annual welfare and efficiency conference, to be held in the hall of the House of Representatives on November 21, 22 and 23.

You are probably aware from what you know of our previous conferences that this meeting is to be held for the purpose of improving relations between employers and employes. It is intended also to develop further safe and sane methods of reducing the heavy toll of life and limb which is now taking place in this commonwealth.

These conferences aim to prevent the enormous number of injuries and deaths and to lessen the sufferings of our great army of industrial workers, thus conserving our resources, both human and material. The movement is assuredly worthy of the thoughtful attention of our citizens.

The arrangements for this conference are with the Department of Labor and Industry, which will send you the necessary programs and additional information.

I shall very much appreciate your coming here this year in order that you may join in promoting the objects to be attained, and advancing the welfare of this great Commonwealth.

Very truly yours,

Martin G. Braumbaugh.

Dental Preparedness.

What is the most important attribute of a soldier?
Good feet?
No.
Good eyesight?
No.
Good brains?
No.
What, then?
Good teeth.

A soldier may have good feet, good eyesight, and good brains, but if he has bad teeth he can't eat. If he can't eat he can't march near enough to the enemy to see him and use his brains to fight him.

How does a soldier get good teeth?

By having good teeth in childhood.

How do children keep good teeth?

Through being taught by their mother how to keep their teeth clean and having their teeth looked after while they are growing. This makes good teeth for future soldiers.

It would seem, then, as though the first patriotic duty of a mother was to keep her children's teeth in good condition.

It is.

Death of Dr. E. S. McKee.

It is with profound regret that we announce the death of our distinguished associate editor, Dr. E. S. McKee, who died at Quito, Ecuador, October 20, 1916, from an attack of malarial fever. Dr. McKee was a prominent practitioner of Cincinnati, Ohio, devoting himself to the practice of obstetrics and gynecology. He was for many years a frequent contributor to medical journals throughout the United States and for a number of years was associate editor of the Nashville Journal of Medicine and Surgery, in that capacity furnishing editorial papers that were always read with the greatest pleasure and profit by

readers of this Journal. For the last two years he has traveled all over the world, and at the time of his death was on a tour through South America. His death will be a loss not only to the profession of Cincinnati, where he lived and practiced, but to the entire profession of medicine, whose interest and progress he strove so earnestly to promote. The Journal is deeply grieved over his untimely removal and will miss his bright editorials and original articles.

New York Skin and Cancer Hospital, Second Ave., Cor. 19th St.

The governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley, assisted by the attending staff, will give the eighteenth series of Clinical Lectures on Diseases of the Skin in the Out-Patient Hall of the Hospital on Wednesday afternoons, beginning November 1, 1916, at 4.15 o'clock.

The lectures will be free to the medical profession on the presentation of their professional cards.

Frederick Hass,
Chairman of Executive Committee.

Do You Know That

Walking is the best exercise—and the cheapest?
The United States Public Health Service administers typhoid vaccine gratis to Federal employes?
A little cough is frequently the warning signal of tuberculosis?
Bad teeth and bad tonsils may be the cause of rheumatism?
Unpasteurized milk frequently spreads disease?
The air-tight dwelling leads but to the grave?
Moderation in all things prolongs life?
The careless spitter is a public danger?

Obituary

Dr. James M. Coyle.

Dr. Jas. M. Coyle, aet. 67 years, a well known practicing physician of this city, died October 21st of intestinal hemorrhage from malignant disease of the pancreas. Dr. Coyle graduated in medicine from the medical department of the University of Nashville in 1882, and at once entered upon the practice of medicine with the late Dr. T. O. Summers, with whom he was associated in a successful business for a number of years. Some months ago he was seized with the illness that eventually carried him off, and he had just returned from a trip to French Lick Springs, where he had sought relief, when he was forced to take to his bed. The death of Dr. Coyle was a source of infinite grief to his warm friends and patrons, of whom there was legion. No physician had stauncher or more loyal friends than Dr. Coyle, and to his patients he was faithful, loyal and attentive. As a physician he was an exemplar. He was genial, courteous and ethical to the letter, and therefore won the esteem and respect of his fellow practitioners. As a father and a husband he was beloved beyond words in his small family circle. As a Christian, he was well known for his faith and loyalty to the tenets of his deligion. His death was a distinct loss to the local profession and he will be greatly missed. Resolutions were passed at the Nashville Academy of Medicine. Interment took place at Huntsville, Ala., his former home.

Dr. Louis McLane Tiffany.

Dr. Louis McLane Tiffany, of Mount Custis, Va., a graduate of the University of Maryland, School of Medicine, Baltimore, in 1868, and a member of the Medical Society of Virginia, the

Medical and Chirurgical Faculty of Maryland, the Baltimore City Medical Society, and the American Surgical Association, professor emeritus of medicine at the University of Maryland, and consulting surgeon of Johns Hopkins Hospital, St. Joseph's German Hospital and the Church Home and Infirmary, died from heart disease at his home, on October 23d, aged seventy-three years.

Publisher's Department

"Paraldehyd" possesses many of the good without the evil qualities of chloral. Used in insomnia resulting from various causes. The objectionable taste of the chemical is, to a great extent, disguised in Robinson's Elixir Paraldehyd (see advertisement in this issue), which is an elegant preparation.

The First Foreign Medicine Admitted to the Imperial Palaces of China an American Product.

BY WILLIAM F. MANNIX,
President Pacific Associated Press.

No nation is slower than the Chinese in the adoption of a new article or device. They hesitate long before setting the seal of approval upon a strange product. "Changeless China" has been an exceedingly trite phrase with Westerners; and there have been some of our writers and publicists who were ready to stake their reputations on the assertion that although the Middle Kingdom had of late called itself a republic the Chinese were nevertheless so firmly rooted to their centuries-old traditions and prejudices that any hope of their soon acquiring modern methods and practices was quite futile.

Really nothing could be further away from the truth than this view. While it is ackuowledged that her people are not adopting Western customs wholesale, it is known that in a thousand ways —small, perhaps, but at the same time true criterions—the Chinese are turning to the better things in foreign countries, particularly the United States.

Let us take a particular instance. Ten years ago no Chinese would allow a foreign medical article to come into his domicile, and a Viceroy would visit dire punishment upon anyone in his jurisdiction (not under actual foreign-missionary control) who

would use or urge the use of an alien medicine. Ten years ago, yes, five years ago, to even mention the introduction of a foreign product for medical purposes within the sacred Forbidden City at Peking would mean exile or death to the offender.

Yet within the year an American preparation—Listerine—has not only been made use of by the only two chief executives the Republic of China has had, but has been officially and personally recommended by them to their people! The Empress Dowager, she who ruled China with an iron hand for over forty years, was wont to cry: "Fung kwei!" (foreign devils), and she would have gladly put them all to the two-handed sword. But President Yuan Shih-k'ai declared, and President Li Yuan Hung more than endorses his words, that "Americans and American goods are welcome to our country."

And both of these sattesmen hae taken occasion to give unqualified endorsement to the medical product of the Lambert Pharmacal Company just alluded to—Listerine.

It is likely that President Li Yuan Hung—whom Dr. Morrison, the noted *London Times* correspondent, calls "the brainiest man in China"—was the first prominent Chinese to use Listerine. Not only that, but General Li, who is an analytical chemist of exceptional ability, made tests of this preparation before securing a supply of it for the store connected with his immense workshops at Hankow. Satisfying himself of its great merit by scientific tests as well as by personal use, General Li recommended it to the Yuan household, and it immediately found acceptance and earned praise within the Forbiddn City.

"Yes," said Yuan Shih-k'ai to the writer during a visit to the Palace in November last, "I have been applying this American medical compound to my throat ever since General Li brought the first package, and I have found wonderful relief from a stiffness and soreness of chords and muscles that nothing I had been able to get before would help. Lady Yuan and the family make use of it also, in various ways, and we are quite agreed that it is a daily necessity for our home."

The stateman, who is now President of China, had words of equally high praise for Listerine.

"I can scarcely tell you of all the ways I have made use of this product," said General Li, "but I regard it especially as an antiseptic of a truly noteworthy order. I have it not only in my residence, but it is kept constantly at hand for the calls of workmen in my factories. I look for the time when it will be in every hospital and many homes of China."

Upon leaving the Forbidden City after my talk with General Li, who was at that time Vice President and temporarily a guest at the Presidential Palace, I was resolved to send a cablegram to the Lambert Pharmacal Company, St. Louis, acquainting them with the fact that not only had their product by sheer merit made its way through the tangle of Chinese pride and superstition, but that it had been accorded the highest endorsement of China's foremost statesmen and leaders. However, the message was not sent.

But the story of Listerine in the Palaces of the Forbidden City was told in half a hundred places throughout the Pacific regions during the next three months, and many interesting facts were developed. While President Li and Yuan were probably the most distinguished patrons of the Lambert Pharmacal Company in this vast section of the world, they were by no means the first.

Chief Surgeon O'Barrington, of the British Service at Hong Kong, declared that he could not say too much for Listerine.

"We employ it in all the hospitals that are under my general supervision, Hong Kong, Kowloon, Wei-Hai-Wei, and Singapore," said Major O'Barrington, "and the longer we use it the more uses we find it adaptable for and the better we like it. Personally, I apply it often to my face, particularly after shaving, and very often also I use it as a rub after my bath. It is, to me, very refreshing and beneficial."

Drs. Blakely-Hall, of the British Army, and Gordon, of the British Navy, both of them assistants to Major O'Barrington, endorsed his words on their own account.

"It is a remarkably good antiseptic, and I would like to see the government adopt it for general hospital and field use," said Dr. Blakely-Hall.

In the Philippines American army officers of the line as well as those of the Medical Corps had nothing but words of high commendation for Listerine.

"For a while out here," said Surgeon Phipps, of the Constabulary, "we were unable to procure Listerine except as we might obtain very small quantities of it from the hospitals; but now, in my branch of the servicce at least, almost every second man is the owner of a package of the Lambert preparation. It is fine for cuts, wounds, burns or sores, and many a case that otherwise might have proven serious has been cured or prevented by an early application of this most meritorious article. My feet, which for a year or more after coming to this hot climate were the bane of my life, are in the best possible condition, and I attribute this to their daily rub with Listerine."

"Half the men of my battalion have Listerine in their army chests—and they rub it on their chests, too," laughed Major Roberts. "Some use it after shaving, others after their bath, still others as a dentifrice and mouth wash. But every man of them rubs his feet good with it at least twice a week." Then the major added, "and I'm sure we have the sprightliest, highest-stepping batallion of infantry in the Islands!"

The Honorable Miss Elizabeth Gregmoore, eldest daughter of Baron Gregmoore, and active head of the Young Women's Domestic Institute at Hong Kong, was in Manila when it was told to her how the ranking ladies of the Forbidden City had become patrons of Listerine.

"That's a splendid sign of the times," said the Honorable Miss Gregmoore. "I trust that its use will become general among the women of China and that it will put an end to the horrible face-painting. In our institute we allow the girls to employ only Listerine as a skin softener and preserver and a pure talcum powder —also an American product."

The Young Women's Domestic Institute over which Miss Gregmore presides is the most exclusive school of its kind in Asia, and is conducted on the most careful and scientific lines. Young women attend it from points as far distant as Manila, Shanghai, Peking, Hankow and Seoul, Korea.

If one might very reasonably expect to find Listerine almost everywhere in the Philippines one would not on the other hand, look for it in the medicine boxes of the South Sea steamship lines. Yet on the ships both of the Australia-Zealand and the York Peninsular routes Listerine is ever ready for the calls of passengers.

"Listerine?" asked Medical Inspector Toddman, of the Australia-New Zealand line. "Why it is an *American* product?" And he winked to those standing about, some of whom he had just supplied with that article. "Oh, well, I never looked to see; I *only know* that it is the finest thing in the world for that ocean-sunburn we have so much of down here, and that every passenger who uses it wants to know where it may be obtained ashore. Of course I tell them, and at the same time add a probably unnecessary word of personal recommendation."

And thus it is seen that President Li Yuan Hung, of China, is not Listerine's only friend in the wide borders of the Pacific. Though it was through and by him that this famous American article was introduced within the holy precincts of the Forbidden City and that it became the *first foreign medicinal product to be used within the ancient imperial Palaces.* And it was by the telling of this very interesting fact that all these other items were brought to light.

All of which goes to show that a worthy story on a worthy subject will bring its own regard; just as Listerine, because it is meritorious, has made and undoubtedly will continue to make high and notable friends across Pacific seas.

Hard Dry Feces.

"Interol" is suggested as a means of overcoming this difficulty, and a hard, dry fecal mass is indeed a difficulty, because "Interol" has several points in its favor.

In the first place, it becomes part of the intestinal contents as they emerge from the cecum into the colon. It is thus mixed with them, and covering them. Under its influence, feces can not become hard and dry. The colon may absorb all the *water* it wants,

but "Interol" remains with the mass all through its colonic and rectal journey, finally lubricating it past the sphincter ani, during the defecation act.

By so doing, straining at stool, which is an invariable accompaniment of hard, dry feces, no longer is a necessity, and herein lies the value of "Interol," not only as a fecal softener, and lubricant, but as a prophylactic measure in the prevention of the many *physical* sequelae of straining at stool, including hernia, hemorrhoids and prolapse (rectal and uterine.)*

Controlling the Nervous Element in Female Diseases.

Utero-ovarian congestion, traceable to extreme irritability of the local nervous mechanism, invariably requires appropriate antispasmodic treatment. Obviously great care, however, must be exercised in selecting the measures to be employed. Among the sedatives that have been found serviceable, none has proven more effective or given more uniform satisfaction in every particular than Peacock's Bromides. Many clinicians have learned to appreciate the antispasmodic properties of this preparation, and as a consequence Peacock's Bromides have long filled an important place in gynecologic therapeutics. Efficient, reliable and remarkably free from any unpleasant effects, this dependable combination of carefully selected bromide salts is of exceptional utility in female disorders in which the nervous element is prominent. In these conditions, it can be used with every confidence, not alone in its therapeutic efficiency, but what is often quite as important, in its notable freedom from gastric disturbance or other unpleasant exect. A particularly gratifying feature of Peacock's Bromides is its capacity to relieve pain and discomfort without inducing a drug habit,a result which the opiates and so many many other pain relieving remedies all too often produce. Pea-

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cock's Bromides surely fill an important place in the therapy of the painful ills of womankind.

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When the bowels are sluggish and overloaded, the whole system is usually depressed and deranged by the retention of toxic waste material. Without delay it becomes necessary to increase the activity of the bowels and promote regular evacuation of their contents. For these purposes there is no remedy that will give more prompt and satisfactory results—with such freedom from griping or after-effects as Prunoids. One to three at bedtime will afford prompt relief—without the usual cathartic discomfort—and rapidly restore functional regularity of the bowels. As one prominent physician has said, "I use Prunoids because it *regulates* as well as *evacuates* the bowels." Samples will be sent on request to the Sultan Drug Company, St. Louis, Mo.

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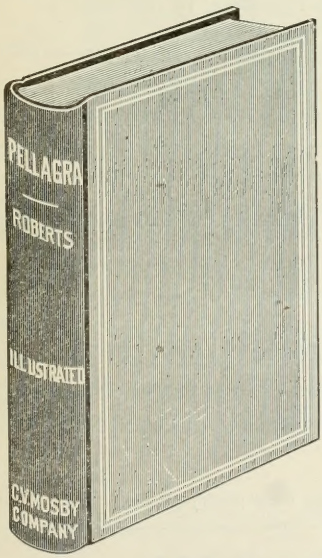

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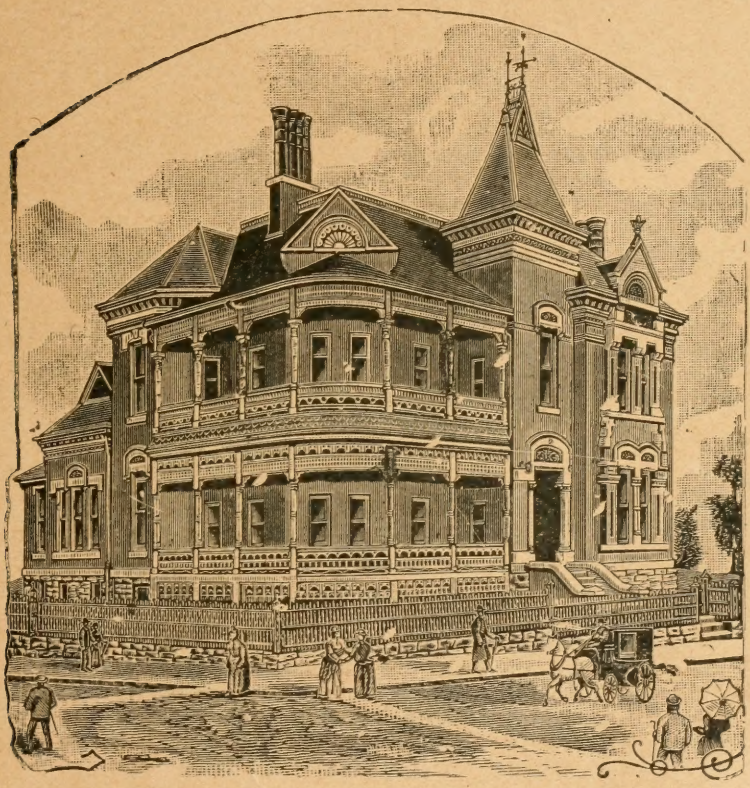

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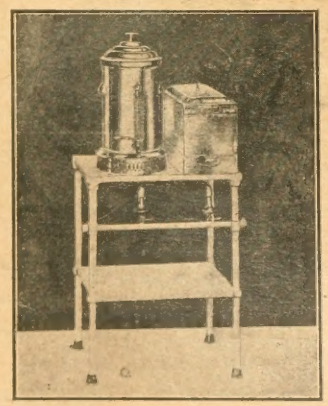

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